DOMESTIC VIOLENCE AMONG MUSLIM COMMUNITY: THE EFFECTS OF SUPPORT TRAINING ON PARTICIPANT'S WILLINGNESS TO SEEK HELP

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Shalini Kabeer, M.A.

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Approved by:

Debra Bekerian, Ph.D., Chairperson

Craig Landers, Ph.D.

El Sayed Ramadan Abdel Halim Ramadan, Ph.D.

Dedication

This dissertation is dedicated to the individuals who hold a special place in my heart. My family, in particular, has been paramount in my academic journey. My deepest gratitude goes to my husband, Rayan Kabeer, who believed in me and supported me throughout my doctoral program. Without his unwavering encouragement and support, I would not have been able to pursue my academic goals. My three daughters, Asvina, Asrina, and Ayesha, have been my constant source of inspiration and support.

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Abstract

Domestic violence is a universal problem and largely goes unreported because abusers are usually intimate partners of the victims. The issue of underreporting is further exacerbated within less prominent minority groups in the U.S., especially in Muslim immigrant communities. Barriers such as gender segregation and authoritative role of men in family structure, lack of knowledge of the country's social structure, and difficulty in language add complexity in domestic violence prevention in the Muslim community. As a result, survivors of domestic violence in this minority immigrant group are often under researched (Runner et al., 2009). These minority women may experience barriers in accessing local and state help, language and cultural education help, and may experience differential treatment because of stereotyping and practitioners' lack of awareness of the Muslim cultural background (Runner et al., 2009).

This research utilized a quantitative approach to investigate whether or not women from a local Muslim community would be more amenable to professional psychotherapy after attending an educational/awareness class on domestic violence. A series of psychoeducation classes was administered to a group of 35 women. Prior to each class, each participant filled out a survey to measure their understanding of what constitutes domestic violence and their willingness to reach out and seek help. Every class involved videos and discussions among the participants.

Following each class, another survey was given out; this survey again asked about participants' understanding of domestic violence and willingness to seek help. The results examined factors such as country of origin, knowledge of domestic violence, experience with domestic violence, and attitudes about seeking help and from whom. The findings suggested that participants were already aware of the types of domestic violence and were also quite amenable to seeking professional help. Anecdotal evidence suggested the psychoeducation sessions were

perceived as useful; however, leading to the conclusion that psychoeducation can be used effectively in Muslim populations, the findings also suggested that mental health services such as those services provided by a clinical psychologist are amenable to Muslim women, provided that cultural guidelines can be applied in the therapeutic setting.

Table of Contents

Dedication ii

Acknowledgments iii

Abstract iv

Table of Contents vi

List of Tables ix

CHAPTER I. Introduction 1

- **Background** 1
- **Current Study** 4

CHAPTER II. Literature Review 6

- **Islamic Belief and Practices** 6
- **The Role of Women in Islam** 9
- **Defining Domestic Abuse** 11
- **Domestic Violence and Islam** 12
- **"Honor"-based Violence (HBV)** 13
- **Forced Marriage** 15
- **Abuse in Muslim Cultures** 15
- **Research Overview** 16
- **Pre-existing Research Instrument: The Revised Conflict Tactic Scale Testing** 16
- **Limitations of the Conflict Tactic Scale (CTS)** 18
- **Pre-existing Research Instrument: Limitations of CDC Intimate Partner Violence (IPV) Assessment Tool** 20

Justification for Current Research 21

Current Research Objective 21

Hypotheses 22

Hypothesis 1 22

Hypothesis 2 23

Hypothesis 3 23

CHAPTER III. Methodology 24

Methodology 24

Sample Size and Selection 24

Data Collection 24

Questionnaire Design 25

Procedure 26

CHAPTER IV. Analysis 27

Knowledge of Domestic Violence 28

Personal Experience With Domestic Violence 29

Effect of Psychoeducation on Knowledge of Domestic Violence 29

Effects of Psychoeducation on Willingness to Seek Psychological Help 30

Type of Help for Domestic Violence 30

CHAPTER V. Conclusion 32

Purpose of the Study 32

Major Findings 32

Observation 1 33

Observation 2 33

Observation 3 **34**

Observation 4 **34**

Limitations **34**

Clinical Implications **35**

Research Implications **36**

References **38**

List of Tables

Table 1. Sociodemographic Data 27

Table 2. Knowledge of Different Types of DV (Pretest Direct Score) 28

Table 3.Have You/Anyone You Know Been Abused? 29

Table 4.Change in Knowledge of DV (Pre-Post Ratings) 30

Table 5.Change in Willingness to Seek Help From a Professional (Pre-Post Ratings) 30

Table 6.Type of Help for Domestic Violence 31

CHAPTER I

Introduction

Background

Violence against women is an age-old phenomenon and its consequences are devastating to women's physical, mental, and reproductive health. During the mid-60's beating, as cruel and inhumane treatment, became grounds for divorce in New York. However, a woman victim had to establish in court that a "sufficient" number of beatings had taken place (HRA MacMillan Library, 2008).

The world has come a long way since those times. Now there is a growing recognition that violence against women is a serious health issue. Violent acts against women are not isolated events and expose patterns of behavior that violate the rights of women and girls around the globe. Sardinha et al. (2022) stated on domestic violence, "Intimate partner violence against women is a global public health problem with many short-term and long-term effects on the physical and mental health of women and their children." Domestic violence or violence against women in general limits a woman's participation in society and damages their health and well-being (Sardinha et al., 2022).

In the 1970s, women came together with African Americans to seek equal rights. Women started talking about violence they had endured in the forms of spousal abuse and sexual assault. As a result, grassroots groups started the battered women's movement, highlighting three major contributors to violence against women: traditional gender role expectations, economic disparity, and a criminal justice system that does not hold men accountable for violence against women (Domestic Violence Issue, 2017).

It took more than two decades of activism by grassroots groups to draw attention to gender-based abuse in the United States for violence against women to be recognized internationally. The U.N. formally acknowledged violence against women as a societal problem and not a private situation to be suffered alone, behind closed doors (Global norms and standards: Ending violence against women, 2020). However, activists against domestic violence recognized the need to begin the challenging task of outlining viable interventions that would go beyond saving individual women and girls one by one around the world.

A report published by Sardinha et al. (2022) stated, More than one in four (27%) ever-partnered women aged 15-49 years had experienced physical or sexual violence, or both, from a current or former intimate partner at least once in their lifetime; and one in seven (13%) had experienced it in the past year. This finding means that in 2018, up to 492 million ever-partnered women aged 15-49 years had been subjected to this type of violence by an intimate partner at least once since the age of 15 years.

In the U.S., land of liberty, justice, and freedom, almost one in two women and more than two in five men reported experiencing contact sexual violence, physical violence, and/or stalking victimization by an intimate partner at some point in their lifetime (Leemis et al., 2022).

According to the Centers for Disease Control and Prevention (2022), About 41% of women and 26% of men experienced contact sexual violence, physical violence, and/or stalking by an intimate partner and reported an intimate partner violence-related impact during their lifetime. Injury, posttraumatic stress disorder (PTSD) symptoms, concern for safety, fear, needing help from law enforcement, and missing at least one day of work are common impacts reported.

Intimate partner violence (IPV) is the most common form of violence against women

across the world. In the U.S., IPV is regarded as a national health problem, causing homicides, injuries, mental health problems, and lost days at work and in education for victims (Leemis et al., 2022). The impact of IPV on children is significant; 1 in 15 children in the U.S. is exposed to intimate partner violence each year, and 90% of these children are eyewitnesses to this violence (National Coalition Against Domestic Violence, 2020).

A substantial number of studies have established social services are often unavailable or inadequate for victims of intimate partner violence because victims often suffer from poverty, isolation, language, or other cultural barriers (Pan et al., 2006). Cultural barriers are especially salient for immigrant women. Immigrant and refugee families are particularly at risk for domestic violence because of their migration history and differences in cultural values and norms. According to the Western Center for Research and Education on Violence Against Women and Children.

In many cultures, violence against women is often justified when women do not follow traditional gender roles or norms. Differences between the cultural values of a family's native country and the United States appear to cause a great deal of conflict in immigrant/ refugee families, especially as women and girls acculturate and try to shift their roles in the family (2020).

Kulwicki, a former researcher at Oakland University in Michigan, has conducted extensive research on domestic violence. Her study on behaviors and attitudes toward domestic violence in the Arab immigrant community revealed that 58% of women and 59% of men approved of a man slapping his wife if she hits him first in an argument. Arguably such feelings indicate it would be hypocritical if women could hit men but men could not retaliate. However, 18% of the women believed that a man could kill his wife if she was having an affair with

another man (Kulwicki & Miller, 1999).

Another study conducted by Kulwicki et al. (2010) asked Arab women about domestic violence. The findings revealed that 25% of the participants reported being battered by their spouses, 18.4% reported being kicked by their spouses, and 7.0% reported their husbands used a knife or gun on them. Findings also revealed about 20% of the participants reported experiencing sexual abuse, with 56.6% unable to do their daily activities because of stress, emotional disorders, and depression. An additional 41.9% reported nervousness, and 35.4% suffered from fatigue. Kulwicki et al. also indicated that in Middle Eastern culture, little attention is given to crimes committed against women and to reporting of such crimes because domestic violence is considered to be a family issue and not a serious public health threat (Kulwicki et al., 2010).

Despite the available statistics, domestic violence remains a "silent crisis." As noted, immigrants from Middle Eastern cultures are likely to be at greater risk. Even though domestic violence is not supported by Islamic (or Christian) doctrine, many Middle Easterners in the community--perhaps the majority--shy away from engaging in open discussion of the subject. They fear that talking about domestic violence may reflect negatively on the community or the Islamic religion.

Current Study

Domestic violence is prevalent across diverse populations in California. However, lack of financial support, language barriers, cultural difference, and general lack of information are likely to make refugee women even more vulnerable to domestic violence. Problematically, cultural stigma also exists within immigrant communities, reducing the likelihood of reporting.

The study examined IPV in the context of women of the local Muslim community. There are concerns about this population, as a range of factors are likely to make these women highly

vulnerable and less likely to seek help. The current study focused on the beliefs held by Muslim women, the prevalence of IPV within the local community, and also whether psychoeducation altered their views on IPV and how the community should deal with IPV. Because of the immigrant status of the participants, there were unique research factors that had to be considered. These factors are outlined in CHAPTER II.

The study used a before-and-after methodology to examine how knowledgeable the participants were about factors regarding and resources for IPV. The current study also examined the extent to which participants had experienced IPV and whether psychoeducation groups altered their beliefs and strategies for dealing with violence.

CHAPTER II

Literature Review

This chapter first describes the basic tenets of Islam, including practices and roles. This section is followed by theories of domestic violence that focus exclusively on learning theory. Learning theory is selected as it is one theory that translates well across different cultural ethics and customs. The third section deals with views regarding domestic violence in immigrant Muslim populations, focusing on women's views. The end of the chapter describes the current research objectives and hypotheses.

Islamic Belief and Practices

Islam is one of the fastest growing religions in the United States, so it is essential to understand the concepts and practices. The word "Islam" means "submission to the will of God." According to Britannica (2019, cited in Watt & Sinai, 2023), Islam religion was declared by the prophet Muhammad (pbuh) in Arabia in the year 610 CE. Followers of Islam are called Muslims.

Muslims are monotheistic and worship one, all-knowing God, who is known as Allah. The beliefs and the foundation of Islam consist of Allah, the only true God; Prophets and Messengers as guidance from Allah; The Angels and the last day; the life hereafter; Al Qadr (Measure, Destiny, and Decree), and righteous deeds. A Muslim, who is the follower of Islam, believes Allah as the only one true God; there is no other God, and Allah is the creator of all. He is free from death. He is ever living and eternal. He has no gender, and He has created species, male and female, for procreation. He is the most merciful, and His name is not an abstract word but has significance in every Muslim's life. Muslims believe that the Guidance from Allah has come to all the prophets and messengers with specific instructions and responsibilities. The Prophet Muhammad (pbuh) was the last messenger of Allah and to humanity. The Prophet

Muhammad relayed the message of Allah to mankind. Islam also recognizes all the prophets from the Torah and the Bible, such as Noah, Abraham, Moses, Jesus, and many others in between them. All the prophet of the Bible fulfilled their duties, and the last prophet, Muhammad, did also. He left the last revelation from Allah, the Qur'an (2020) and his teachings, called Hadith, to his companions. The Qur'an and the Hadith are the textual sources of Islamic teachings, and Muslims believe will remain so as long as there is life on earth. Angels are another creation of Allah, who are believed to be scattered all over the universe doing the works with Allah's command. There is limited knowledge provided in the Qur'an and Hadith on Angels, yet Muslims are very much aware of the angel Gabriel (Jibril), who brought Allah's guidance to the prophets over the years. Muslims also believe there are two angels assigned to each individual, who are writing the good and bad deeds for each individual. Although Angels cannot function with free will outside Allah's command, there is some evidence in the Qur'an of them humbly questioning Allah's certain decisions on creation.

Muslims believe Allah has created every life with a preset life span. From the moment of creation everyone is running to their last day, the day of death. The Qur'an describes humans are not sent to earth as punishment but rather as actual reward. According to the Qur'an and Hadith, life on earth will end and the life of hereafter will begin with day of judgment. On the day of judgment, everyone is resurrected in body and soul for judgment to take place, and the actions and deeds of each individual will be brought forth. Everyone will be accountable for their deeds by Allah.

Resurrection is followed with judgment by Allah. The Qur'an (2020) describes judgment as rewards for good deeds and punishment for evil doers. Thus, the concept of paradise as reward and hell as punishment, both eternal, is similar to belief of other two Abrahamic religions.

Qadr (Measure, Destiny, and Decree) is explained in the Qur'an as everything being decreed by Allah. For example, variations between male and female such as height, skin color, eye color, knowledge, and so forth, are decrees of Allah. Muslims believe Allah is the only one with perfect knowledge and human knowledge is limited and imperfect. However, human beings have choices and enjoy limited freedom. The practical implication of this admission is called Qadr.

Every Muslim must follow the five pillars. The five pillars are Shadadah, pray (salat), zakat, fastng, and Hajj. These five pillars are explained in the following paragraphs.

The first pillar is the Shahadah (witnessing), which is the One God. A devout Muslim believes the seven aspects and is willing to live his life accordingly. He declares his intention voluntarily and publicly, at least in front of two witnesses. The declaration is the pronouncing of "La IIaha ila Allah wa Muhammadoor Rasool-Allah." The connotation is My Creator Provide and Sustainer is Lord is Allah. I have been brought into this world to serve Him for which I will be accountable for on the day of judgment. The messenger of Allah has brought me the guidance and is my role model for me therefore I will live the guidance of the holy Qur'an."

The second pillar is Salaat (prescribed prayer), observing the five prayer times a day. When an individual has taken the Shahadah they are considered a Muslim and are obliged to engage in prayer (Salaat). Muslims pray directly to Allah (One God) without any intermediary of intercessors. Muslims believe that Islam is the true religion in the world, and there are no intermediaries or intercessors between man and Allah.

The third pillar is Zakat, or obligatory payment. Under Islamic law the basic principle is that Allah is the owner of heaven and earth. Everything that is in a Muslim's possession belongs to Allah. A small percentage (typically 2.5%) of one's income must be spent for the help of the

poor and the needy and used for a charitable and religious purpose according to Allah's command.

The fourth pillar is observation of a month-long fasting n the month of Ramadan. Ramadan occurs in the ninth month of the lunar Islamic calendar, and fasting goes from sunrise to sunset. During this month all Muslim believers are to abstain from food, drink, sexual activities, and smoking from dawn to dusk. After sunset all food, drink, and sex are allowed. One must implement the moral code of Islam very strictly because a failure to adhere has double the jeopardy (e.g., violating the moral code of Islam will nullify the fast).

The fifth pillar is Hajj, which every Muslim has to perform at least once in their lifetime. All Muslims who are financially and physically capable are to perform the Hajj followed by nine essential rites to perform the Hajj. Hajj is the recreation of some of the trials and tribulations of the Prophet Abraham. The Hajj is performed the last 5 days from the 8th to the 12th of Dhul-Hajj (12th month in Islamic calendar). More than two million Muslims take part in this pilgrimage to Mecca.

The above-described rites are known as the five pillars of Islam. Pillars are described as the support of the roof and the walls; if a Muslim is not doing their five salah, this pillar is absent from the building and the walls and roof can be destroyed.

The Role of Women in Islam

Islam has bestowed rights for Muslim women since the Islamic era began. Historically, in many parts of the world, women were considered commodity or pleasure objects for men. Women were not allowed to express their opinions, voice their views, work, or own anything at all. There are cases where women were considered a threat to their families. Sh. Yusuf Al-Qaradawi (2013) stated that Arabs, during the period of ignorance, would become annoyed or

disheartened if his wife gave birth to a baby girl. At the time Arab tradition allowed them to bury a daughter out of active poverty or expected poverty. This practice is no longer condoned in most Muslim countries, although there are arguably some individuals who still regard a girl as "lesser" (pp. 32-33).

In education, Islam is far more egalitarian than are other doctrines. Seeking knowledge is obligatory upon all Muslim men and women. Prophet Muhammad encouraged men and women to seek knowledge. One of the greatest scholars of Islam was Ayesha, wife of Prophet Muhammad. People would travel from afar to seek education from her. Islam has recognized and advocated for female scholarship and their contribution throughout the history of Islamic academia. One of the oldest running universities in Morocco was founded by Fatima al-Fihri, a woman, in 859 CE (Khan, 2014).

Women also have equality in terms of marriage. A woman has the right to choose who she weds. She has the right to reject a marriage if she is forced to marry against her choice. If a woman is displeased with her marriage, she has the right to pursue for divorce. When two individuals agree to marry, Islam symbolize love, compassion, and respect as Allah SWT said in the Qur'an 30:21, "And of His signs is that He created for you from yourselves mates that you may find tranquility in them; and He placed between you affection and mercy." Many Muslims follow Allah's message that was sent through Prophet Muhammad as he respected his wives, and every Muslim is ordered to do the same as mentioned. Islam strongly prohibits any form of violence and abuse; when it comes to women, the same rule is applied. The religion of Islam gives women the utmost care and respect (Khayat, 2003).

Having reviewed the doctrines of Islam and women's roles, the discussion now turns to the view of IPV in different Muslim cultures. The argument is that although Islam prohibits

violence against women, there are still lawful ways in which women might suffer IPV. After this discussion, the review turns to learning theory to explain IPV in Muslim women.

This chapter now reviews the findings regarding views toward IPV in different Muslim cultures. The review first discusses cultural differences in how domestic abuse is defined. The chapter then reviews types of IPV that appear to be occurring regularly within the context of Muslim cultures. Views regarding the acceptance of IPV are considered as well as those barriers to treatment and help that are specific to immigrant Muslim women. At the end of the chapter, the specific research objectives and hypotheses are explained.

Defining Domestic Abuse

Cultural differences mean that the definition of abuse is dissimilar across Western and Middle Eastern societies. According to the National Domestic Violence Hotline (2020), "Domestic abuse or relationship abuse is a pattern of behaviors used by one partner to maintain power and control over another partner in an intimate relationship" (para. 2). Terms such as wife-battering and intimate partner violence are often deployed to discuss male violence against women with whom they have a familial or sexual relationship. Child abuse is defined as parents' violence against children.

Such definitions are common terms in Western culture; however, these terms are not easily translated to cultural practices of Middle Easterners. Violence of parents against adult children, mother-in-law abuse of young brides, and young men coercively policing the behavior of their sisters and female cousins; being abusive to them can be considered more acceptable to the immigrant community (National Domestic Violence Hotline, 2020).

Middle Eastern societies consider the family unit as the foundation of the culture. Despite social and economic changes these societies have undergone during the last century, they still

operate under patriarchal and patrilineal extended family systems and values. These customs firmly regulate each individual member's role according to distinct gender-specific behavioral expectations and help support the well-being and survival of the family unit. The family unit adopts a sacred moral purpose with much of its existence structured around the concepts of honor (sharaf) and shame (ayb). According to Kulwicki et al. (2010), "Males carry the burden to preserve the family's honor through courage and honesty, while females' honor is associated with personal purity, chastity and accountability to the family" (pp. 728-729).

Domestic Violence and Islam

Men are the protectors and maintainers of women, because Allah has given the one more (strength) than the other, and because they support them from their means. Therefore, the righteous women are devoutly obedient, and guard in (the husband's) absence what Allah would have them guard. As to those women on whose part ye fear disloyalty and ill-conduct, admonish them (first), (Next), refuse to share their beds, (And last) beat them (lightly); but if they return to obedience, seek not against them Means (of annoyance); For Allah is Most High, great (above you all). (Qur'an 4:34, Yusuf Ali translation, 2020)

The above surah, 4:34, is possibly the most scrutinized section within the Qur'an and is central to many discussions of IPV in Muslim-identified families. Surah, 4:34, is often invoked to justify discriminatory laws in Middle Eastern countries (Beckerle, 2016). However, it has been variously interpreted, with many divergent readings.

Some interpretations suggest that the Qur'an does indeed grant license to "discipline" a wife violently. Other readings, in contrast, deploy sophisticated hermeneutics to create a reinterpretation. For example, some have suggested the verb used (idribuyuhha) does not, in its proper historical and linguistic context, signify an act of violence (Ammar, 2007). Another

common argument is that the verse attempts to discourage violence against women, which is held to have been endemic among pre-Islamic Bedouin Arabs. By restricting violence to a last resort, the surah is ultimately aimed toward eliminating marital violence altogether. Many scholars also point out counterexamples of ahadith, sayings of Prophet Muhammad, which recommend kindness and reciprocity within marital relationships. According to Prophet's wife Ayesha, "the Messenger of God, peace and blessings upon him, did not strike a servant or a woman, and he never struck anything with his hand" (Sunan Ibn Majah, Hadith, 1984). The example set by Prophet should be emulated by all Muslims and sufficient proof that physically abusing one's wife is reprehensible.

"Honor"-based Violence (HBV)

"Honor killings" punish women who make autonomous decisions about issues such as marriage, divorce, and whether and with whom to have sex (Payton, 2015). "Honor-based violence has three distinctive features: crimes are collective, committed within the family, the extended family and the community; crimes are often premeditated and the result of a collective conspiracy; and crimes are justified by an ideology of male control over women's bodies. When heterosexual men are the victims of HBV, they are persecuted because of they are presumed to have "dishonored" a woman or girl belonging to another family (Payton, 2015).

There are various behaviors in which a woman can engage that may increase the risk of HBV. These actions include refusing an arranged marriage; having a relationship that is not approved by family members, particularly if this relationship is with a member considered an "outsider"; losing one's virginity outside of wedlock, and spending time with the opposite sex without supervision by a family member. These reasons may appear very trivial to outsiders.

HBV is often popularly associated with Islam because the majority of honor killings

occur in Muslim-dominated countries, such as Palestine, Jordan, Syria, Iraq, Iran, and Turkey. Many of these countries have, or have had, provisions in their legal codes that allow for a reduced sentence for killers who claim justification through honor (Payton, 2015). Some of these legal exemptions for honor killings can be traced to the Assyrian law codes of 3000 BCE (Bain, 2017).

However, it is incorrect to presume these exemptions have their basis in Islamic tradition. The majority of these provisions are not derived from Islamic principles, but from colonial, or more precisely, from Napoleonic law. Under Napoleonic law, HBV crimes could be often ignored under the concept of the "crime of passion," where the abuser's behavior is seen as spontaneous and passionate.

Honor killings are not linked to Islam, despite common misconceptions. Such crimes are not exclusive to Muslims; they occur more frequently outside of the Muslim community. Blaming Islam for honor crimes unfairly targets Muslims and perpetuates the idea that human rights are opposed to Islamic values. This focus on Islam also diverts attention from the broader issue of violence against women, which is a global problem with deep-rooted causes beyond any single religion or culture. It is crucial to address this problem collectively. Additionally, fixating on Islam's alleged acceptance of honor crimes overlooks the condemnation of such acts in Muhammad (pbuh) teachings and the Shariah (Islamic Law; Brown, 2016).

HBV in Islamic contexts is linked to the harsh treatment of people who have engaged in extramarital relationships under Islamic jurisprudence. This harsh treatment can include flogging and stoning as preset to "hadd" punishments for fornication and adultery. However, there is no mandate for vigilantism and stringent evidentiary standards for proving such sexual "crimes."

Forced Marriage

Forced marriage, meaning a marriage where one or both partners are married under pressure, occurs almost exclusively within societies where arranged marriage is normal. Forced marriages are defined as those in which coercion is employed by parents/family to attempt to bring about an undesired match. Coercion may range from emotional blackmail, manipulation, and deception to death threats; in some cases, crimes are committed.

Abuse in Muslim Cultures

Few studies are available that assess abuse in Muslim cultures. One recent study was conducted to view attitudes toward IPV. Research showed that immigrants and refugee couples were more vulnerable to IPV, with women reporting IPV episodes ranging from 30% to 60%. Most women reported severe and brutal attacks. The percentages appear to be higher than the general population of women living in Western countries (Gennari et al., 2017).

Gennari et al. (2017) also found that family was the key social unit in Muslim immigrants, with family coercion and honor being regarded as extremely important values. Perhaps not surprisingly, gender roles and attitudes are more supportive toward traditional male values. Traditional gender role attitudes have been found to increase social isolation in the postmigration context due to the prohibition of certain activities (e.g., going to a social event without one's spouse). Many immigrants experience social isolation; however, Muslim immigrant women are particularly subject to this experience (Giuliani & Tagliabue, 2015).

Another article (Kulwicki et al., 2010) reported the high prevalence of domestic violence among women in the Arab world, with the reports only slightly below those reports of rape, mugging, and motor vehicle accidents. Reports showed an average 28% of emergency room visits by females were due to domestic violence. Many women suffered emotional scars, such as

lowered self-esteem, severe fear, isolation from society, depression, suicidal ideation, increased alcohol and drug use, and death as a result of the violence. Along with these violences, women with children were also mentally affected. It is difficult to cope with domestic violence; however reporting domestic violence is as difficult as women overcoming many obstacles in order to make a report, and lack of access makes it as difficult to utilize social support service to assist for women with abusive relationships (Kulwicki et al., 2010).

Research Overview

For clinicians dealing with marital conflict, family violence, intimate partner violence, and violence against women, there are well-established scales and measurements. However, most of these measurements and scales are not sensitive to the Muslim community and its unique culture. The following sections present some of the well-recognized instruments that are usually used in cases of family violence. After reviewing the strengths and limitations of pre-existing instruments, a new instrument that builds on the strengths of earlier work but also includes items related to violence in the Muslim community was used.

Pre-existing Research Instrument: The Revised Conflict Tactics Scale Testing

The Conflict Tactics Scales (CTS) were initially developed by Straus (1979) in response to a growing demand to quantify the extent of conflict in the family. This tool was intended to measure the use of reasoning/negotiation, verbal and physical aggression within the family household between partners in dating, cohabiting, or marital relationships (Straus et al., 1996). Straus et al. (2003) argued that this focus on explicit actions yielded one of the many strengths of the CTS. The CTS were theoretically driven by conflict theory (Straus, 1979). This theory stipulates that human existence goes hand in hand with conflict, yet violence is not always an inevitable method adopted by an individual in order to quell conflict (Straus et al., 2003). Straus

(1979) envisioned the CTS to be one aspect of a battery of other psychometric measures that could assess more subtle facets of family violence (i.e., fear or controlling behavior).

The CTS measure consisted of 19 items with three scales: (a) Reasoning (3 items), (b) Verbal Aggression (6 items), and (c) Physical Assault (9 items), and one item that was not scored, "cried." The measure was most frequently used to obtain information regarding physical assaults against both partners (Straus et al., 1996). Therefore, the 19 items were asked twice, giving a total of 38 items administered to each respondent. Its intended use was to measure the extent to which specific conflict tactics had been used in the family home (Straus et al., 1996). It was developed to be used by clinicians as an interview schedule as opposed to a self-administered questionnaire. The CTS schedule had two columns with the response categories (0-6), one for the number of times the respondent had carried out an act and one for the partner's acts over the past year. These response categories were coded 0 for *never*, 1 for *once*, 2 for *4 twice*, 3 for *3-5 times*, 4 for *6-10 times*, 5 for *11-20 times*, 6 for *more than 20 times*, and X for *don't know*. There was also a section to record whether the conflict tactic had ever happened (i.e., *not in the past year*). The item order began with items of low coerciveness (e.g., reasoning items) with gradually more coercive conflict tactics toward the end of the measure (Straus, 1979).

CDC Intimate Partner Violence (IPV) Assessment Tool states, The Centers for Disease Control and Prevention (CDC) defines intimate partner violence (IPV) as actual or threatened physical, sexual, psychological, or stalking violence by current or former intimate partners (whether of the same or opposite sex). IPV is a major public health problem, reflected by both its prevalence and negative consequences. Researchers and prevention specialists are working to identify the factors that place intimate partners at risk for being victimized by or perpetrating

violence, to find out which interventions are working, and to design more effective prevention programs. (Thompson et al., 2006, p. 1)

This collection provides researchers and prevention specialists with a compilation of tools designed to measure victimization from and perpetration of IPV. Many researchers are conducting studies to identify risk and protective factors for IPV and determine the consequences of victimization and perpetration. Others are working to design, implement, and evaluate interventions to reduce IPV victimization and perpetration. The ability to accurately measure IPV is critical for the success of these research and intervention activities (Thompson et al., 2006).

Limitations of the Conflict Tactics Scale (CTS)

First of all, despite the understanding that CTS is probably the most widespread measure used in family violence research, some clinician researchers criticize its emphasis on the behavioral acts without considering the context of what caused or led to the conflict. Moreover, the CTS does not measure the context in which these assaultive behaviors take place. Neither the purpose or severity of the assault nor reasons and consequences of physical violence are taken into account (DeKeseredy & Schwartz, 1998).

The second limitation of CTS is underreporting. Surveys from all victims suffer from an unknown amount of underreporting but has generally been assumed to be a particular problem with surveys of intimate violence, such as the CTS and the CTS2. DeKeseredy and Schwartz (1998) suggested,

To minimize this problem, researchers need to use more than one simple measure of one type of abuse. The CTS or CTS2 should only be used with supplementary short questions or requests for additional explanations. Further, any survey will get more accurate data when

attention is paid to a safe environment, trained interviewers, etc. (p. 7)

The third limitation of CTS is the lack of "non-Dispute" information (DeKeseredy & Schwartz, 1998). The CTS only bases abuse in the context of disputes, spats, or "differences." DeKeseredy and Schwartz (1998) further stated, "Violence either stems from attempts by one partner to control the behavior of the other, or else does not stem from any single identifiable cause (dispute, difference or spat)" (p. 7).

Fourth is the rank-order concept of CTS/CTS2. Many researchers object to the rank-order concept. The idea that some events (e.g., kicked) are worse than are others (e.g., slapped) by default is not popular among the researchers. Even though the CTS2 caters to part of this problem by including some measures of injury; however, many abused women claim that psychological and emotional terror is worse than much of the physical violence in some relationships.

Finally, the CTS may have failed to precisely reveal the level of violence among some minority groups, as violence may expose itself differently across cultures. For instance, there are some types of abuse that are not captured in standardized measures used in the U.S. (i.e., the CTS). Some of these types are religion-related, culture-related, or language-related. Among the Arab immigrant families, for example, isolating the wife from the surrounding environment and from other family members might be used as a husband's right to protect his family. Additionally, Arab immigrant women who do not speak English might find it difficult to seek outside help when violence occurs in their marital relationships. Hence, studies on violence against women should employ instruments that are more sensitive to the ways in which violence is experienced by individuals of different cultures.

Pre-existing Research Instrument: Limitations of CDC Intimate Partner Violence (IPV) Assessment Tool

In the last two decades, researchers have made great progress in IPV assessment tools. However, several crucial areas need more consideration. First, more research is needed to develop and test measures to assess perpetration of the various types of IPV, particularly sexual violence. Further, the field knows very little about the reliability and validity of the scales included here when used with different racial and ethnic populations and with same-sex relationships. CDC hopes that the Intimate Partner Violence (IPV) Assessment Tool encourages clinician researchers to utilize, modify, and create more effective framework to validate IPV victimization and perpetration in minority populations.

Again, the marital conflict among Muslim families is characterized by religious and cultural identity. Approach in dealing with marital conflict has to be accomplished differently than what is already a widespread known approach. For example, for Muslim couples and according to Muslim guidance, there are certain approaches in cases of marital conflict. As mentioned in the Muslims' holy book, the Qur'an, So righteous women are devoutly obedient, guarding in [the husband's] absence what Allah would have them guard. But those [wives] from whom you fear arrogance--[first] advise them; [then if they persist], forsake them in bed; and [finally], strike them [Lightly]. But if they obey you [once more], seek no means against them. Indeed, Allah is ever Exalted and Grand. (Al-Nisaa: 34)

As it was discussed in the earlier chapter of this current study, Muslim couples resort to some specific channels to resolve marital conflict. In most cases within the family, marital conflicts are encouraged to be solved, and if no resolution is reached within the family frame, the local mosque is a place for support and counseling. From this point of view, the CTS or CDC

Intimate Partner Violence (IPV) Assessment Tool, as well as most of the well-established scales, lack cultural sensitivity to the Muslim population.

Justification for Current Research

According to Tanhan and Young (2022), Muslim women have been victims of intimate partner violence (IPV) for many years. In Arab societies, women are perceived as having less value, which limits their rights and choices, including the ability to voice their opinion. This can make it difficult for Muslim women to identify and seek help for IPC. Due to factors such as a language barrier, lack of education, and restrictions on social gatherings, seeking psychological help can be difficult or shaming for Muslim women.

Furthermore, the cultural differences between Western therapy and Muslim culture can also pose challenges for seeking treatment. There is a lack of qualified professionals in the field of which psychological and mental health are acculturated toward Muslim populations (Tanhan & Young, 2022). This limited literature on IPV in Muslim women suggests that very little research has assessed the extent to which Muslim women seek psychological help and whether they find treatment beneficial. In light of this, the current study aimed to contribute to the literature on IPV in Muslim women by examining the willingness of Muslim women to seek professional help after receiving education on domestic violence (DV). By attending a psychoeducation class on DV, Muslim women would be better equipped to identify types of abuse and potentially seek professional help.

Current Research Objective

The objective of the current research was to utilize a quantitative research approach to investigate the degree to which Muslim women in Fresno, California, were more receptive to professional psychotherapy after attending an educational awareness class on domestic violence.

The study participants consisted of Muslim women from a local mosque who attended a series of educational classes on domestic violence and intimate partner violence, where information on the aforementioned topics was disseminated through the use of videos and group discussions.

To explore the factors that may have influenced the willingness of Muslim women participants to seek professional help, the researcher developed two survey questionnaires. Specifically, the study highlighted the effects of religious constraints, acculturation factors, and educational attainment. The attitudes toward seeking help were evaluated both before and after the participants attended the educational/awareness class.

Hypotheses

This current study outlined several hypotheses regarding the impact of psychoeducation classes on Muslim women's attitudes toward domestic violence. The hypotheses reflect a complex interplay of cultural, linguistic, and psychological factors that may influence Muslim women's participation in psychoeducation classes and their willingness to seek help for domestic violence. These hypotheses have important implications for clinical practice and public health policy, as they may inform the development of culturally sensitive interventions aimed at addressing the issue of domestic violence in Muslim communities. By examining these hypotheses through a rigorous research design, this study aimed to contribute to the growing body of literature on domestic violence prevention and intervention, while also highlighting the unique needs and experiences of Muslim women.

Several hypotheses have been proposed regarding Muslim women's response to psychoeducation classes on domestic violence.

Hypothesis 1

After receiving education about domestic violence, participants will be better able to

identify types of abuse that constitute as domestic violence.

Hypothesis 2

There will be a change in the willingness of participants to seek professional help after psychoeducation sessions.

Hypothesis 3

Participants will report being more willing to seek psychological help after receiving education in domestic violence.

CHAPTER III

Methodology

Methodology

The study was designed to assess changes in attitude toward domestic violence in Muslim women using a pre- and posttest design. The study involved psychoeducation groups of females of the Fresno Muslim community. The research methodology employed a quasi-experimental involving a single group pre- and posttest design.

Sample Size and Selection

The study involved a minimum of 10 participants for each psychoeducation group session, with a total of 80 participants over an 8-week period. Muslim women who were members of the Masjid Fresno, ages 18 or older, were able to participate. As the study focused on attitudes of Muslim women, only women who identified as Muslim were eligible to participate. The sample size was based on an anticipated power analysis of 0.80.

Data Collection

The data were collected through self-report questionnaires developed by the researcher. The questionnaire consisted of 20 questions, with 10 questions for pretest and 10 questions for posttest. Questions asked about country of origin, whether the participant had experience with DV, and characteristics of the DV (i.e., who was the perpetrator, what constituted DV, how well they thought they knew about DV, and how willing they would be to seek professional help). They were also asked about to whom they would prefer to go to seek help. The data collection took place over an 8-week period, with participants completing the questionnaires at the beginning and end of the psychoeducation group sessions.

Questionnaire Design

The research questions in this study were focused on exploring various aspects of domestic violence (DV). The first three questions aimed to collect information about the age, marital status, and country of origin of individuals who had experienced DV. These questions aimed to identify the age group that may have been more prone to experiencing DV, whether the exposure to DV occurred before the age of 18, and to understand the cultural and demographic backgrounds of those who had experienced DV the most.

The fourth question sought to assess the participants' knowledge of the various types of abuse that could be classified as DV. This question helped determine the level of understanding of participants in identifying domestic violence and its different forms.

Questions 5 and 6 aimed to uncover the level of exposure of participants to DV. Participants were asked about their personal experiences with DV or if they knew someone who has had such experiences. This information helped to understand the prevalence of DV in the community and its impact on individuals and their families.

Question 7 sought to understand the level of understanding of DV experienced across gender. The aim was to acknowledge that men could also suffer from DV and to promote awareness of this issue. This question used a 7-point Likert-type scale.

Questions 8 and 9 aimed to evaluate the effectiveness of educational interventions in improving knowledge and attitudes toward DV. The questions sought to determine the knowledge level of participants about DV and their willingness to seek professional psychological help after the intervention. These questions used a 7-point Likert-type scale.

Finally, Question 10 sought to identify the different sources of professional assistance available for individuals experiencing DV compared to traditional religious approaches.

Participants were asked to select the particular source of professional help they would most likely seek (e.g., religious leader, psychologist, etc.).

Procedure

The recruitment process for the study involved issuing invitations to participants via an announcement made by the Masjid Fresno. Informed consent forms were then disseminated to each participant, which they subsequently completed by affixing their signature, indicating their voluntary participation in the survey. The consent form was made available in English; however, for participants who were unable to read and write in English, the researcher provided the necessary support by reading aloud and further clarifying the purpose of the study with the assistance of the Fresno Masjid Imam.

Upon consenting to participate in the survey, each participant provided their signature, indicating their willingness to take part. In the event a participant was unable to sign, the researcher completed the signature section on their behalf by using an "X," which served as confirmation that the participant had given their informed consent. Participants were then issued the preclass survey questionnaire and were requested to complete it, focusing on their knowledge and attitudes concerning various aspects of domestic violence.

Following completion of the preclass survey, participants took part in a psychoeducational group session that incorporated multimedia aids such as PowerPoint presentations, videos, and group discussions. These sessions were held within the Masjid Fresno. After the psychoeducation group session, participants were once again requested to fill out the postclass survey questionnaire to gauge whether there were any changes in their knowledge and attitudes toward domestic violence.

CHAPTER IV

Analysis

Table 1 provides the sociodemographic data for all participants, as well as data on answers to some basic questions about domestic violence. In total, 35 participants attended the psychoeducation sessions. As can be seen, the average age of the participants was 30.74 years (range 19 years-45 years), and the sample was comprised primarily of single (n = 14, 40%) and married women (n = 14, 40%). The countries of origin were varied, with the greatest number of participants from Pakistan, Syria, and Yemen.

Table 1

Sociodemographic Data

	n	%
Country of origin		
Afghanistan	1	2.86
Bangladesh	2	5.71
Egypt	4	11.43
India	1	2.86
Israel	1	2.86
Lebanon	1	2.86
Pakistan	6	17.14
Saudi Arabia	3	8.57
Sudan	2	5.71
Syria	6	17.14
USA	2	5.71
Yemen	6	17.14

Table 1 (continued)

	n	%
Marital status		
Divorced	7	20.00
Single	14	40.00
Married	14	40,00
Total	35	

Knowledge of Domestic Violence

One question required participants to identify all forms of domestic violence. Table 2 shows the number and percentage of participants who scored correctly on this question on the pretest measure. As can be seen, the overwhelming majority of participants were knowledgeable about all forms of domestic violence at the pretest phase.

Table 2

Knowledge of Different Types of DV (Pretest Correct Score)

Status	*n*	% Yes	% No	Not answered
Divorced	7	100.00 (7)	-	
Single	14	92.85 (13)	-	7.15 (1)
Married	14	92.85 (13)	7.15 (1)	
Total	35	94.29 (33/35)	5.71 (2)	

Personal Experience With Domestic Violence

Another question asked participants if they had any personal experience (themselves/ others) with DV. Table 3 shows the results, which clearly indicate that the majority of the participants had personal experience with DV. All of the participants noted they were victims of DV, with the majority of the perpetrators being identified as either romantic partner or legal spouse. There were four participants who noted they observed DV with family or in-laws.

Effect of Psychoeducation on Knowledge of Domestic Violence

One question asked about knowledge level of DV both pre- and postclass. Table 4 shows these data. It can be seen that overall there was an equivalent number of participants

Table 3

Have You/Anyone You Know Been Abused?

Status	*n*	%	% No
Divorced	7	100.00	
Single	14	92.85 (13)	7.15 (1)
Married	14	92.85 (13)	7.15 (1)
Total	35	94.29 (33/35)	5.71 (2)

reported having more knowledge as there were participants who said their knowledge had not changed. This finding is reflected in the fact, however, that those participants who reported no change rated themselves at 7 in the Likert-type scale, meaning they felt that they already knew “a lot about domestic violence.”

Table 4

Change in Knowledge of DV (Pre-Post Ratings)

	n	% No change	% More knowledge	% Less
Knowledge	35	51.43 (18)	48/57 (17)	-

Effect of Psychoeducation on Willingness to Seek Psychological Help

Another question asked participants to rate how willing they would be to seek psychological help if they were experiencing DV. Table 5 shows the pre- and posttest change that occurred and the frequencies. As can be seen, more participants rated a greater willingness on the posttest than the pretest; however, there was an equivalent percentage showing no change. As stated before, the no change responses reflected participants who were already very willing to seek professional help at the pretest phase (i.e., gave ratings of 7 = "I am completely willing to seek professional help").

Table 5

Change in Willingness to Seek Psychological Help From a Professional (Pre-Post Ratings)

	n	% No change	% More willing	% Less
Willing	35	42.85 (15)	57.14 (20)	-

Type of Help for Domestic Violence

A final question asked participants to identify from whom they would seek help if they were experiencing DV. Table 6 shows the frequency of different responses. The most frequent choice was seeking help from a professional psychologist (48.61%), followed by religious leader

(36.11%). There were few changes between pre- and posttest choices. Five people changed their choices. Two of the five included an additional source in the posttest, while three people removed a source in the posttest.

Table 6

Type of Help for Domestic Violence

Type of help	*n*	%
Religious leader	26	36.11
Family/friends	8	11.11
Family doctor	3	4.10
Professional psychologist	35	48.61
Other	-	
I would not seek help	-	
Total	72	

CHAPTER V

Conclusion

Purpose of the Study

The purpose of the study was to investigate changes in knowledge and attitudes toward domestic violence (DV) among participants who attended psychoeducation sessions. The study collected sociodemographic data and information on participants' knowledge of and experiences with domestic violence before and after the sessions. The study also explored the effect of the sessions on participants' willingness to seek psychological help and the type of help they would seek in case of domestic violence. Overall, the study aimed to assess the effectiveness of psychoeducation sessions in promoting knowledge and positive attitudes toward domestic violence. All classes were held at Fresno Masjid following permission from the Imam.

Major Findings

The sociodemographic data of the participants indicated that the sample was comprised mostly of single and married women from diverse countries, with Pakistan, Syria, and Yemen having the most participants, with the average age being early 30s. The results of the pretest measure of the participants' knowledge of domestic violence showed that the majority of participants were knowledgeable about all forms of domestic violence at the pretest phase.

Data provided information on personal experiences with domestic violence, indicating that all of the participants had been victims of DV. Most of the perpetrators were identified as either romantic partners or legal spouses, and a minority reported having observed DV with family or in-laws. The present data, therefore, confirmed the suggestions of Sardinha et al. (2022) that domestic violence is prevalent regardless of the background of the victim.

Analyses conducted on changes in participants' knowledge of DV before and after the

psychoeducation sessions showed roughly half of the participants already had extensive knowledge about DV and showed no change. Those participants who were not at ceiling did rate they had greater knowledge, but again, the overall effect was not significant.

Data on changes in participants' willingness to seek psychological help before and after the psychoeducation sessions showed a similar pattern as above. Although some participants rated a greater willingness on the posttest than the pretest, there was an equivalent percentage showing no change. As before, those participants who reported no change in their willingness already expressed willingness to seek professional help in the pretest phase. Again, the suggestion is that there was a ceiling effect that prevented significant findings. Data also showed the most frequent choice for help for DV was a professional psychologist, followed by a religious leader. As before, there were few changes noted between pre- and posttest choices, with only five people changing their choices. Overall, the study provided insights into the sociodemographic characteristics, knowledge, personal experiences, and help-seeking behaviors of participants attending psychoeducation sessions on domestic violence. The following can be used as a summary for the findings:

Observation 1

The overwhelming majority of participants were knowledgeable about all forms of domestic violence both before and after the psychoeducation sessions. However, some participants reported more knowledge postclass.

Observation 2

The majority of participants had personal experience with domestic violence, either as a victim or someone who observed it.

Observation 3

More participants reported being more willing to seek psychological help after the psychoeducation sessions, but an equivalent percentage showed no change. Those who reported no change already felt completely willing to seek professional help before the sessions.

Observation 4

A professional psychologist was the most frequent choice for help both before and after the psychoeducation sessions, followed by a religious leader. However, there were some changes in the sources of help selected, with a small number of participants adding or removing sources.

Overall, it seems that the psychoeducation sessions did not significantly change the participants' opinions, although some participants reported increased knowledge and willingness to seek professional help.

Limitations

The study had some limitations that should be taken into account when interpreting the results. Firstly, the study was conducted with a homogeneous population sampling of Muslim women from the Fresno Muslim community. Although the study attempted to recruit a diverse group of participants, the small sample size may have limited the generalizability of the findings to the larger population of Muslim women in the area or to other Muslim communities.

Secondly, the sensitive nature of the study made it challenging to recruit participants, and some spiritual leaders and influential Muslim women initially resisted the study. However, with the help of Masjid Fresno, the researcher was able to recruit a small number of participants. The small sample size may have also limited the generalizability of the findings.

Thirdly, the study only included female participants, which may have limited the generalizability of the findings. Although the study attempted to recruit male participants, the

cultural and religious norms that discourage interactions between unrelated men and women made it challenging to do so. This limitation may have further restricted the generalizability of the findings.

Additionally, cultural norms among Muslim society may have also impacted the participation rate of Muslim women. For example, women may have been less likely to participate due to concerns about being outside of the house without the consent of the head of the household. The cultural and religious beliefs of the participants may have also influenced their responses to the study's questions, further limiting the generalizability of the findings.

Finally, the study did not assess the length of time that participants had been residing in the United States. Length of residency may have influenced participants' familiarity and comfort with seeking help for domestic violence. While most participants expressed a willingness to seek professional help and had some knowledge of domestic violence, those women who had been residing in the United States for a longer period may have been more familiar and comfortable with seeking help.

Overall, while the study provides important insights into the experiences of Muslim women in the Fresno Muslim community who seek professional mental health services for domestic violence, the limitations should be considered when interpreting the results.

Clinical Implications

This research has implications for mental health providers. The study suggests that psychoeducation is an effective approach that can be used with Muslim populations, and therefore, mental health providers should promote the use of behavioral-type interventions. Strategically prepared psychoeducation can influence members of the Muslim community to seek mental health support and could be provided at Muslim education centers, community

centers, Masjids, and Muslim charities. However, psychoeducation must consider the specific needs of the Muslim population and tailor the information to be sensitive to cultural values. For example, it may be more effective to include some traditional healing practices and beliefs when adopting mental health therapy techniques.

Minimizing barriers to seeking mental health support for the Muslim community can be achieved by establishing guidelines that meet the needs of this underserved population. For instance, cultural restrictions such as family and gender roles can be removed. Seeking permission for counseling services for a Muslim woman can become easier if a female therapist is available, and male clients could be offered a male therapist. Gender pairing is crucial in building a sound therapeutic relationship. To achieve a positive outcome in therapy, clinicians could promote openness and trust where female and male clients can disclose personal and familial information to therapists of the same gender.

Research Implications

Considering the limitations of this study, the following recommendations are made. The lack of statistical data related to this particular demography is indicative of the need for similar studies. Future research should include both genders. Such research would be essential in examining any differences between the genders on awareness of domestic violence and their willingness to seek professional mental health services.

Additionally, future studies should establish a baseline data regarding the proportion of Muslim men who seek professional mental health and compare these trends to Muslim women. However, it may be difficult to conduct the study since mental health is a cultural stigma (Saleem & Martin, 2018). Muslim men may be less likely to seek mental health services or support the female members of their families to seek mental health services. If this suggestion is

correct, then the problem of stigma in Muslim communities regarding Western mental heth services may be far more serious than anyone anticipates. Future research should so increase the factors being examined. For example, addition information about as gender and ethnicity preference for the therapist would be helpful to determine any cultur trends. Future research should so include assessments of acculturation, as it is likely this factor will impact the effectiveness of therapy.

Similar to any other group or community, Muslims face spiritual, economic, and biopsychosocial challenges, yet Muslims underutilize mental health services. Promoting greater understanding through advocacy, training, and research would offset the barriers of seeking professional mental health treatment and enhance overall well-being of the Muslim community and other non-Muslim community as well and adopting mental health therapy techniques that include some of their traditional healing practices and beliefs.

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